

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------------------|----------------------------|--------------|---------------------------------------|-----------------|---------------|--|
| Died at <i>Snow Hill</i> | | Town <i>Hill</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death 190 <i>3</i> | Month <i>Dec</i> | Day <i>12</i> | Age <i>—</i> | Years <i>—</i> | Months <i>5</i> | Days <i>7</i> | |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Ind.</i> | | | |
| Married, Single or Widowed | | | | Occupation | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>Robert E. Agam</i> | | | | Father's Birthplace <i>Ind.</i> | | | |
| Mother's Maiden Name <i>Hannie M. Agam</i> | | | | Mother's Birthplace <i>Ind.</i> | | | |
| Name of person giving information <i>Robt. E. Agam</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary | How long |
| Immediate <i>croup</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>W. J. Hearn</i> |
| | Address <i>Snow Hill Ind.</i> |
| Accident or Suicide? | |

5-0

5-0

13

~~#~~ 1. 15

Name
in
Full

CERTIFICATE OF DEATH

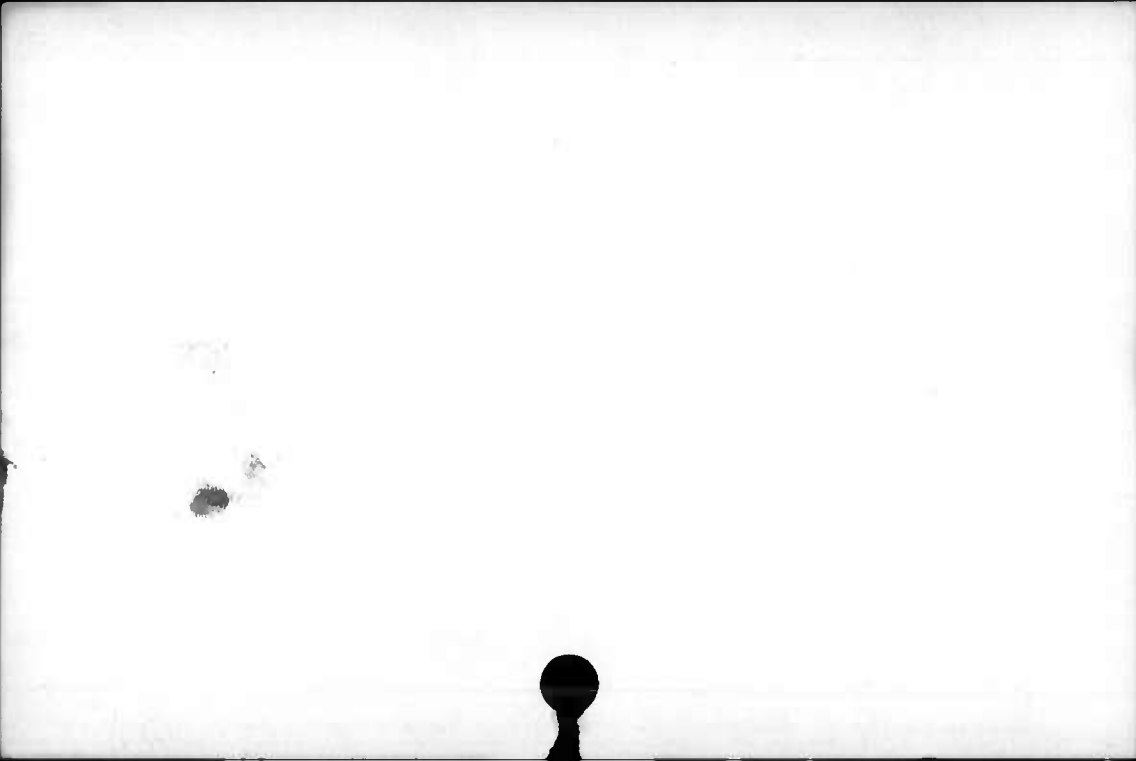
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|---|-------------------------------|---------------------------------|
| Died at <i>Stockton</i> ^{Town} <i>District</i> ^{County} <i>Worcester</i> | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>12</i> | Day <i>11</i> | Age <i>76</i> Years Months Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Maryland</i> | |
| Occupation <i>No occupation</i> | Where Residing if not at place of death <input checked="" type="checkbox"/> | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Benjamin T. Hydelotte</i> | | |
| Father's Name <i>Joshua Payne</i> | <i>64</i> | Father's Birthplace <i>Md</i> | |
| Mother's Maiden Name <i>✓</i> | | Mother's Birthplace <i>Md</i> | |
| Name of person giving Information <i>F. S. Hydelotte</i> | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Thromboplegia</i> | How long <i>6 days</i> |
| Immediate <i>Exhaustion</i> | How long <i>11 hrs</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. Wilson M.D.</i> |
| | Address <i>Pocomoke City</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

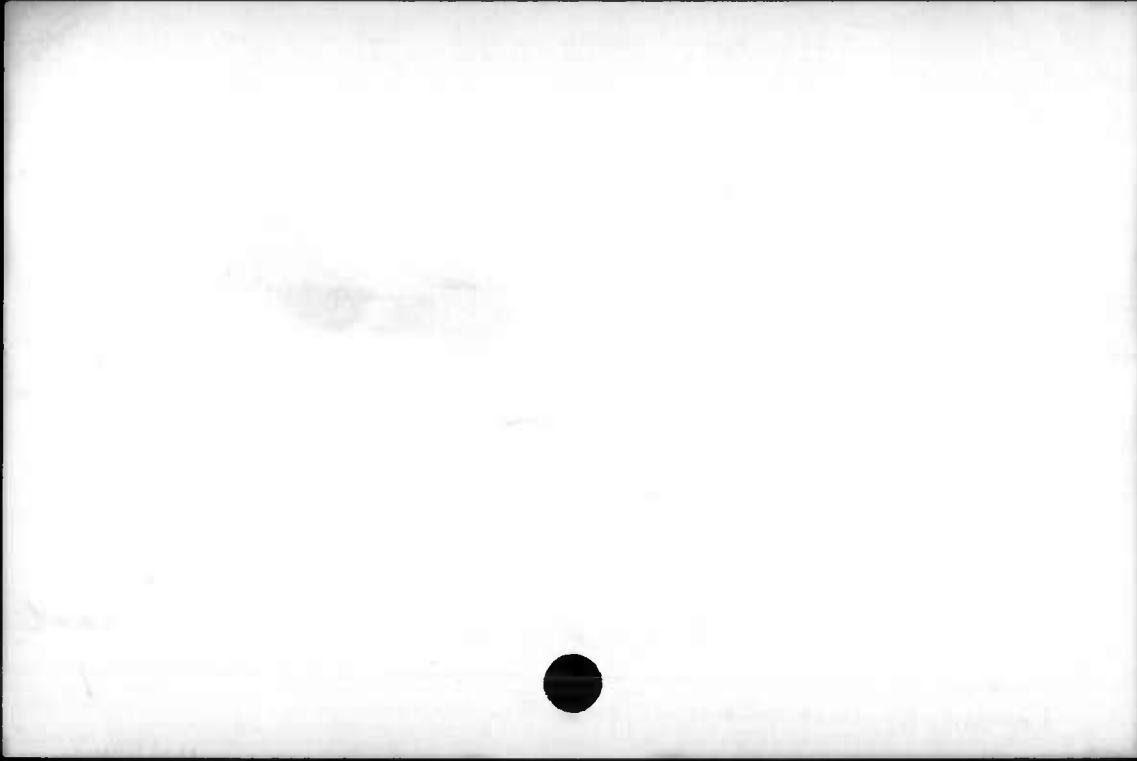
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-------------------------------|--|--|--|------------------|--|
| Name in Full <i>Albert Clark</i> | | Town <i>near Belvidere</i> | | County <i>Harris</i> | | MARYLAND | |
| Died at <i>near Belvidere</i> | | Month <i>12</i> | | Day <i>9</i> | | Age <i>28</i> | |
| Date of death <i>1903</i> | | Month <i>12</i> | | Day <i>9</i> | | Age <i>28</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i></i> | | | | Where Residing if not at place of death <i></i> | | | |
| Married, Single <i>Widowed</i> | | | | Name of Wife or Husband <i>Charlotte Clark</i> | | | |
| Father's Name <i></i> | | | | Father's Birthplace <i>179</i> | | | |
| Mother's Maiden Name <i></i> | | | | Mother's Birthplace <i></i> | | | |
| Name of person giving Information <i>Charlotte Clark</i> | | | | How related to deceased <i>wife</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary | | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>W. J. Peterson</i> | |
| | | Address <i></i> | |
| Accident or Suicide <i>Chas. W. Peterson</i> | | <i>Underlock</i> | |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|---|--|---|----------------------------|--|-------------------|
| Lola. Collick | | Town <i>Girdle Tree</i> | | County <i>Worcester</i> | |
| Died at <i>near Girdle Tree</i> | | MAYLAND | | | |
| Date of death 1903 | | Month <i>dec</i> | Day <i>26th</i> | Age <i>Two</i> | Months <i>Two</i> |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Girdle Tree</i> | |
| Married, Single or Widowed <i>—</i> | | Occupation <i>—</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>George Harmon</i> | | | | Father's Birthplace <i>Girdle Tree</i> | |
| Mother's Maiden Name <i>Maggie Collick</i> | | | | Mother's Birthplace <i>Girdle Tree</i> | |
| Name of person giving information <i>David C. Collick</i> | | | | How related to deceased <i>Grandfather</i> | |
| CAUSES OF DEATH | | | | | |
| Primary <i>unhealthy during its</i> | | How long | | | |
| Immediate <i>natural Life</i> | | How long | | | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Died without Physical</i> | | | |
| | | Address <i>aid</i> | | | |
| Accident or Suicide? | | | | | |

LIBRARY BUREAU 456910

*Girdle Tree md
dec 27 ~ 1903*

*the above annexed certificate
was filled in by the undersigned
a justice of the Peace in and
for the county and State aforesaid*

*William J. Ouley
justice of the Peace*

Lola Collick

Name
in
Full

CERTIFICATE OF DEATH

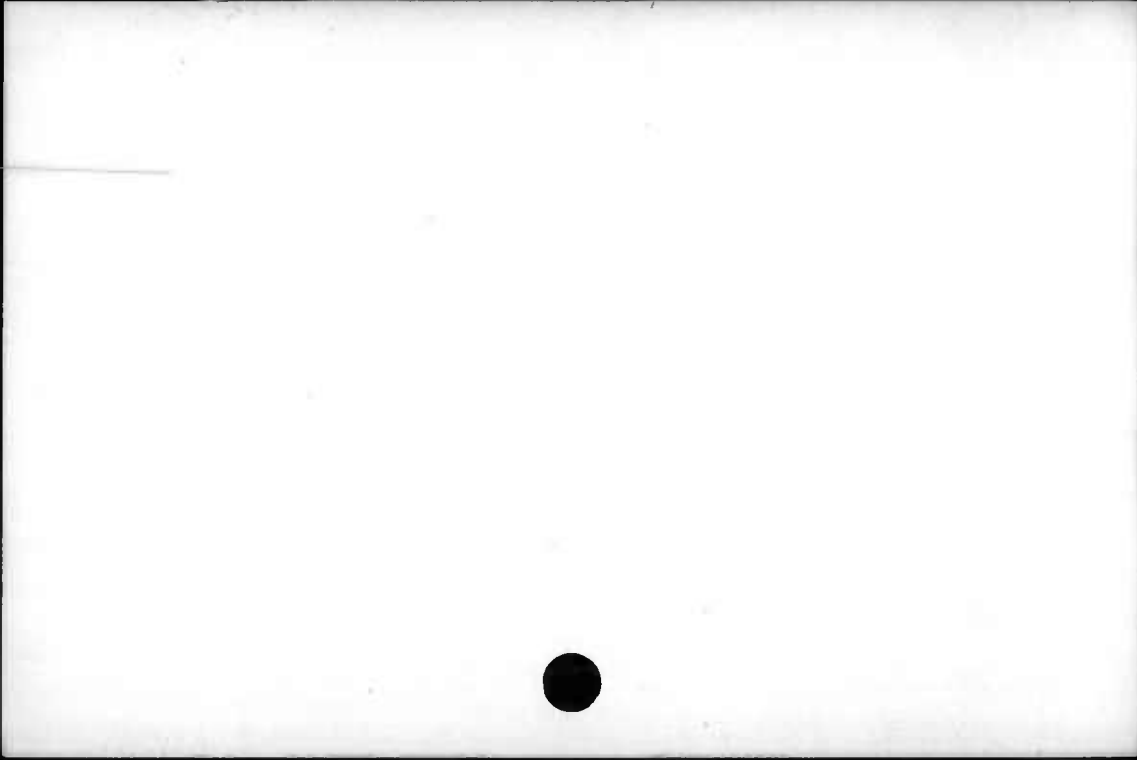
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|--|--|--------------------|--|
| Name in Full <i>Miss Anna H. Collins</i> | | Town <i>Near-Pocomoke City</i> | | County <i>Micosta</i> | | MARYLAND | |
| Died at <i>Near-Pocomoke City</i> | | Month <i>Dec</i> | | Day <i>6</i> | | Years <i>22</i> | |
| Date of death <i>1903</i> | | Month <i>Dec</i> | | Day <i>6</i> | | Years <i>22</i> | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Near-Stockton, Md.</i> | | | |
| Occupation <i>Domestic</i> | | Where Residing if not at place of death <i>-</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Hildrey Collins</i> | | | | | |
| Father's Name <i>Lepin Holland</i> | | Father's Birthplace <i>Near-Stockton, Md.</i> | | | | | |
| Mother's Maiden Name <i>Louisa Roberts</i> | | Mother's Birthplace <i>Near-Pocomoke, Md.</i> | | | | | |
| Name of person giving Information <i>Henry Dix</i> | | How related to deceased <i>Father in law</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>About 1 year</i> |
| Immediate <i>-</i> | How long <i>-</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>As far as I know</i> | Signature of Physician <i>R. Lee Hall</i> |
| | Address <i>Pocomoke City, Md.</i> |
| Accident or Suicide? <i>-</i> | |



Name
in
Full

Jennie Hickey

CERTIFICATE OF DEATH

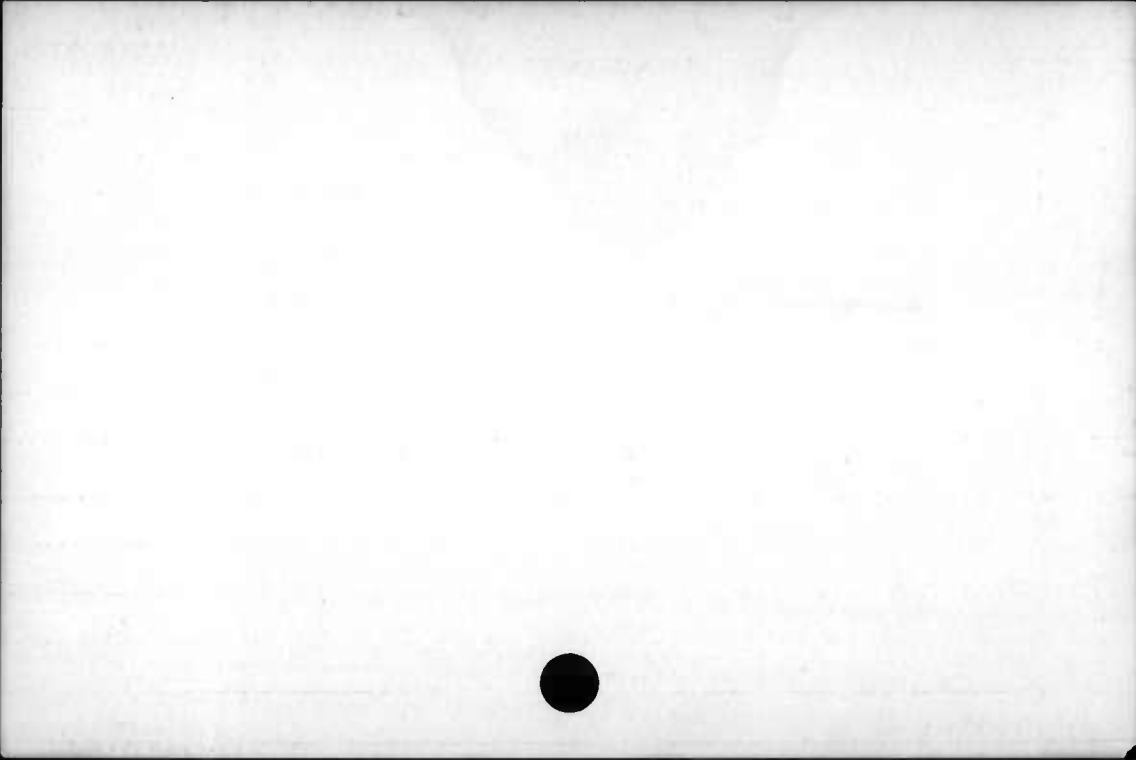
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------------------|--|---------------------------------------|--|-------------|--|
| Died at | | Town Pocomoke City | | County Wicomico | | MARYLAND | |
| Date of death 1903 | | Month 12 | | Day 23 | | Age 45 | |
| Sex Male | | Color or Race White | | Birth- place Va | | Months — | |
| Married, Single or Widowed Married | | Occupation Housewife | | | | | |
| Name of Wife or Husband H.A. Hickey | | | | | | | |
| Father's Name Wm. Trader | | 45 | | Father's Birthplace Va | | | |
| Mother's Maiden Name Comfort Hudson | | | | Mother's Birthplace | | | |
| Name of person giving Information H.A. Hickey | | | | How related to deceased Husband | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary Carcinoma | | How long 13 yrs | |
| Immediate Exhaustion | | How long Some days | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician H.N. Willis | |
| | | Address Pocomoke City Md. | |
| Accident or Suicide? | | | |



Name in Full

Certificate of Death

Levin W Dickerson

Town

County

Died at

Stockton

Worcester

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 24

Age

0

3

16

Md

—

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Benjamin Dickerson

Mother's

Maiden Name

Roxie Brittingham

Cause of

Primary

Bronchitis

How long sick

6 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Address

Jas. W. Dickerson M.D.
Stockton

Worcester Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Died at

Date 1900

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full **Maxie Disharoon**
 Town **Stocketon** County **Winchester** **MARYLAND**
 Date 1900 **Dec 26** Month **Dec** Day **26** Age **31** Y. **10** M. **4** D. **4** Native of **md** Occupation **Housewife**
 Male **White** Married **Widow** Divorced **Single** Widower **Number of children living 3**
 Female **Colored** **Single**
 Husband of **Benjamin Disharoon**
 Wife **Benjamin Disharoon**
 Father's Name **Samuel Bittingham** Mother's Maiden Name **Sarah A. Comer**
 Cause of Death { Primary **Grip** Immediate **Pneumonia** How long sick **20 days** Accident, Suicide, Homicide
 Reported by **Geo D. Dickerson M.D.**
 Address **Stocketon Winchester Co.**



Name
in
Full

CERTIFICATE OF DEATH

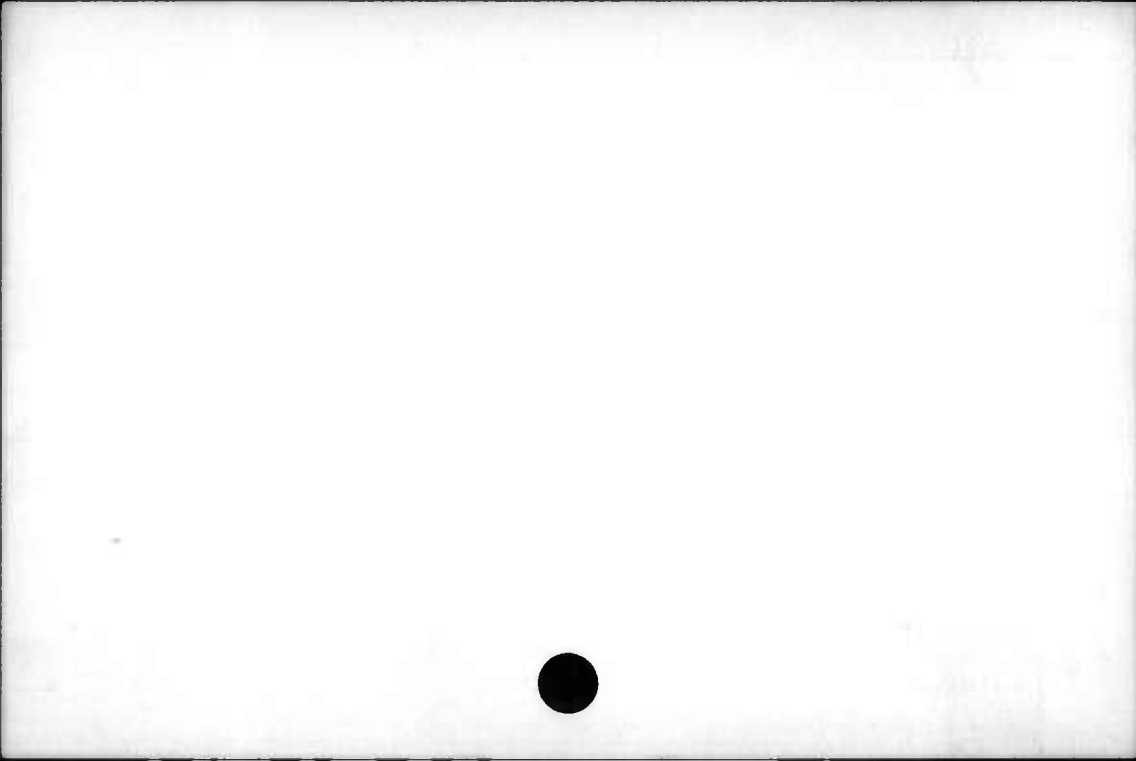
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------|------------------------------------|--|-----------------------------|--------|
| Died at <i>Stockton</i> ^{Town} | | <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>Dec</i> | Day <i>31</i> | Age | Years | Months |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Stockton</i> | |
| Occupation <i>✓</i> | | | Where Residing if not at place of death <i>✓</i> | | |
| Married, Single or Widowed <i>✓</i> | | Name of Wife or Husband <i>✓</i> | | | |
| Father's Name <i>Laurence Fleming</i> | | | Father's Birthplace <i>MA</i> | | |
| Mother's Maiden Name <i>Hellie A. Martin</i> | | | Mother's Birthplace <i>MA</i> | | |
| Name of person giving Information <i>Peter Martin</i> | | | How related to deceased <i>niece</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Still Born</i> | How long <i>✓</i> |
| Immediate <i>✓</i> | How long <i>✓</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. D. Jackson</i> |
| | Address <i>Stockton MA</i> |
| Accident or Suicide? | |



Name in Full

Certificate of Death

E. Henry Halland

Town

County

MARYLAND

Died at

Stocketon

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Dec 3

Age

6

6

0

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Edward H. Halland

Mother's

Maiden Name

Annanda Wilson

Cause of

Primary

Bronchitis

How long sick

4 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. D. Dickerson M.D.

Address

Stocketon,

Worcester, Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Comfort Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|---|------------------------------|-----------------------|--------------------------------------|-------------------------|----------------|
| Died at <i>the almshouse</i> | | Town <i>Worcester</i> | | County <i>Worcester</i> | |
| Date of death 190 <i>3</i> | Month <i>December</i> | Day <i>8th</i> | Age <i>dont know</i> | Months <i>17</i> | Days <i>00</i> |
| Sex <i>Female</i> | Color or Race <i>African</i> | | Birth-place <i>Worcester county</i> | | |
| Married, Single or Widowed <i>Widow</i> | | | Occupation <i>dead now</i> | | |
| Name of Wife or Husband <i>Husband dead</i> | | | | | |
| Father's Name <i>dont know</i> | | | Father's Birthplace <i>Dont know</i> | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information <i>William Garrison</i> | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--|----------|
| Primary | <i>Old Age</i> | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>as far as known</i> | Signature of Physician <i>Paul Jones</i> | |
| | Address <i>Worcester County Ma</i> | |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

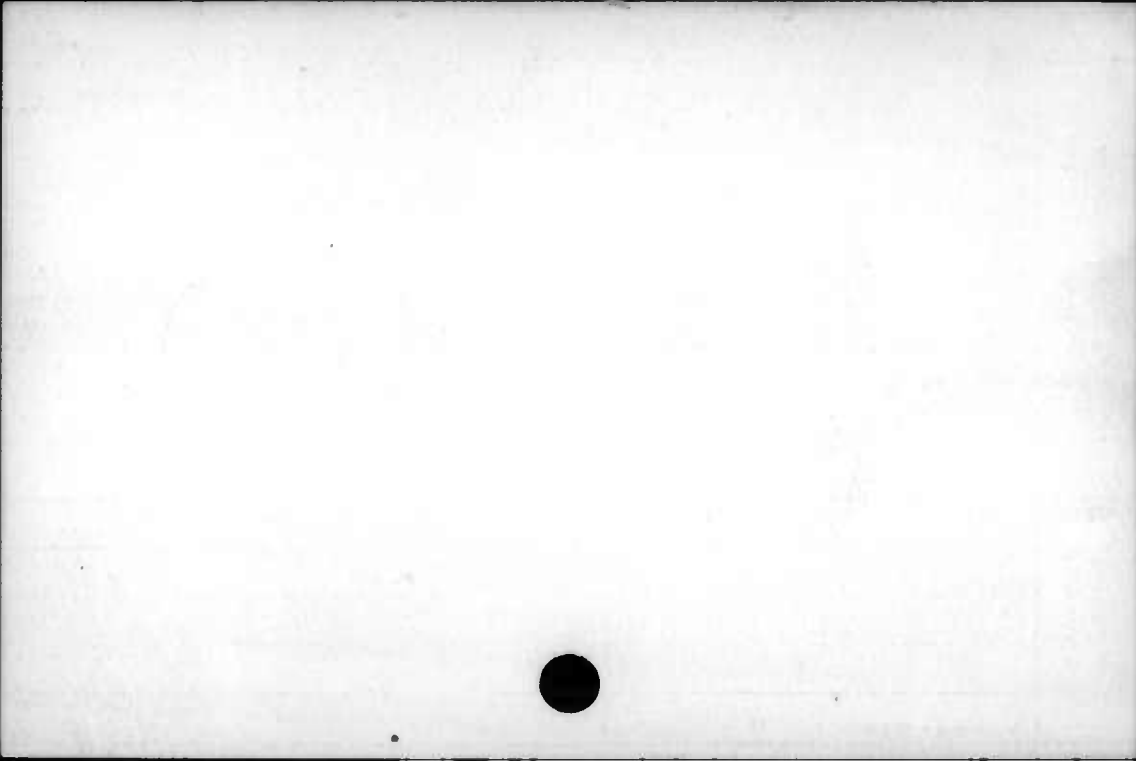
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|-------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 190 | | Month | Day | Age | Years | Months | Days |
| Sex | | Color or Race | | Birth-place | | | |
| Married, Single or Widowed | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | How related to deceased | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Address | |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|-----------------------------|---|--------|----------|--|
| Died at <i>Pocomoke City -</i> | | Town <i>Pocomoke</i> | | County <i>Maryland</i> | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>Dec</i> | Day <i>8</i> | Age | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Maryland</i> | | | | |
| Occupation <i>None</i> | Where Residing if not at place of death <i>Pocomoke City -</i> | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Mr. Long</i> | | | | | |
| Father's Name <i>Mr. Long</i> | | 179 | | Father's Birthplace <i>Maryland</i> | | | |
| Mother's Maiden Name <i>Margaret Quinn</i> | | | | Mother's Birthplace <i>Maryland</i> | | | |
| Name of person giving Information <i>Maria Ballard</i> | | | | How related to deceased <i>Not at all</i> | | | |

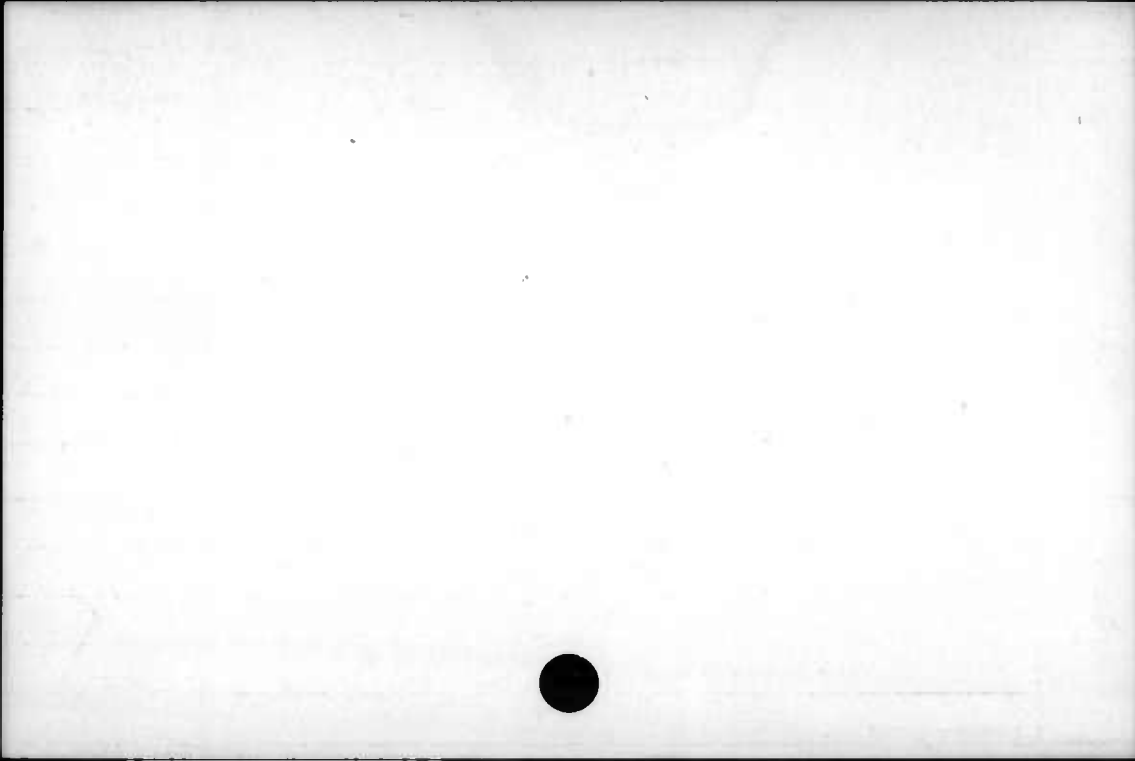
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|------------------------------------|
| Primary <i>Dont know</i> | How long <i>1 day</i> |
| Immediate <i>" "</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>None</i> |
| | Address |
| Accident or Suicide? | |



| | | | |
|--|---|---|--|
| Name in Full <i>Edna L. Mammee</i> | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Near Rockville Md.</i> Town | | County <i>Worcester</i> |
| | Date of death 1903 | | Month <i>Dec</i> Day <i>28</i> Age <i>Years</i> Months <i>3</i> Days |
| | Sex <i>Female</i> | Color or Race <i>Black</i> | Birth-place <i>Worcester Co</i> |
| | Married, Single or Widowed <i>Single</i> | Occupation <i>Nurse</i> | |
| | Name of Wife or Husband <i>Samuel Mammee</i> | | |
| | Father's Name <i>Samuel Mammee</i> | Father's Birthplace <i>Worcester Co</i> | |
| | Mother's Maiden Name <i>Sarah Cydelotte</i> | Mother's Birthplace <i>Worcester Co</i> | |
| Name of person giving information <i>Samuel Mammee</i> | | How related to deceased <i>Father</i> | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary <i>Croup</i> | How long <i>3 days</i> | |
| | Immediate | How long | |
| | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician | |
| | | Address | |
| | Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-----------------|--|--|----------|------|
| Died at ^{Town} <i>Stockton</i> | | ^{County} <i>Monroeville</i> | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>12</i> | Day <i>25</i> | Age ^{Years} <i>Still Born</i> | Months | Days |
| Sex | | Color or Race <i>Bright</i> | Birth-place <i>MD</i> | | |
| Occupation <i>Still Born</i> | | Where Residing if not at place of death <i>Stockton MD</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband _____ | | | |
| Father's Name <i>John Parmer</i> | | Father's Birthplace <i>MD</i> | | | |
| Mother's Maiden Name <i>Gettie Chapman</i> | | Mother's Birthplace <i>MD</i> | | | |
| Name of person giving Information <i>Dr H Rowley & Bro</i> | | How related to deceased <i>Undertaken</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary <i>Still born</i> | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| | Address |
| Accident or Suicide? | |



Name in Full

Certificate of Death

Thomas Milton Payne

Died at ^{Town} Stockton^{County} Worcester

MARYLAND

Date 1903 Dec 11

Age Y. M. D. 7 3

Native of

Occupation

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Thos. J. Payne

Mother's

Maiden Name

Mary C. Redden

Cause of

Primary

Capillary Bronchitis

How long sick

1 1/2 mos.

Death

Immediate

Asphyxia

~~Accident, Suicide, Homicide~~

Reported by

John D. Dickerson, M.D.

Address

Stockton

Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name
in
Full

Charlotte Pennewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------|-----------------------------|----------------------------------|----------|------|
| Died at ^{Town} near Snowhill | | ^{County} Worcester | | MARYLAND | |
| Date of death 1903. | Month Dec | Day 3. | Years 80. | Months | Days |
| Sex Female | Color or Race Female | Color or Race Female | Birth-place unknown | | |
| Married, Single or Widowed Married | | Occupation House wife | | | |
| Name of wife or Husband Samuel. Pennewell | | | | | |
| Father's Name unknown | | | Father's Birthplace unknown | | |
| Mother's Maiden Name Hennie Smith | | | Mother's Birthplace unknown | | |
| Name of person giving information Eliza Armstrong | | | How related to deceased Daughter | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------|--|-----------|
| Primary | Old. age 8 | How long | 12 months |
| Immediate | Laprip | How long | 4 weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician William S. Williams | |
| Worcester | | Address Snowhill | |
| County | | Maryland | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------------------------|--|--|--|--------------------------|--|
| Name in Full Mary Philops | | Town near Gaydonville | | County Worcester | | State MARYLAND | |
| Died at | | Date of death | | Age | | Months | |
| | | 1903 Dec 28 | | 41 | | 4 | |
| Sex Female | | Color or Race White | | Birthplace Maryland | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed Single | | | | Name of Wife or Husband Leman J. Philops | | | |
| Father's Name George Trutt | | | | Father's Birthplace Maryland | | | |
| Mother's Maiden Name Lemmi J Trutt | | | | Mother's Birthplace Maryland | | | |
| Name of person giving Information Lemmi J Trutt | | | | How related to deceased Maryland | | | |
| CAUSES OF DEATH | | | | | | | |

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary | | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician Dr. L. S. in attendance | |
| Kurtis J. Evans P | | Address Berlin Md | |
| Accident or Suicide? | | | |



Petter Purnell

CERTIFICATE OF DEATH

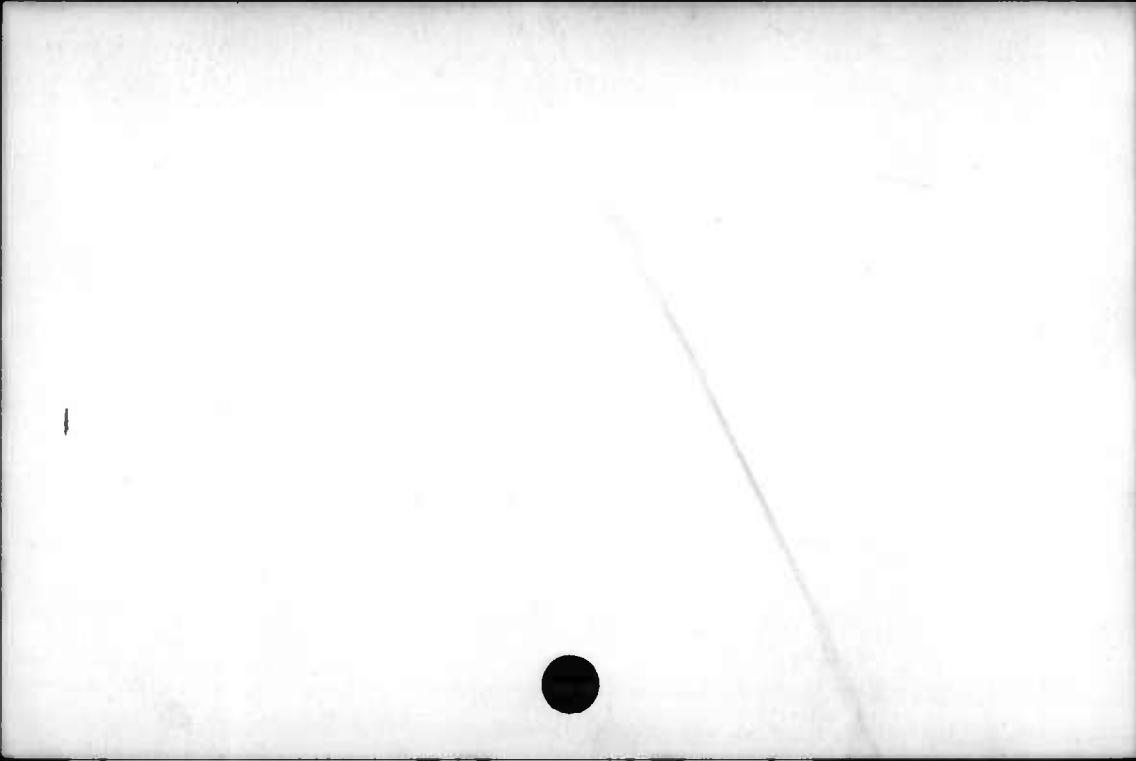
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------|--------------------------|---|-------------------------|---|-------------------------|----------|
| Died at <i>Synepokant</i> — | | Town <i>Synepokant</i> — | | County <i>Worcester</i> | | MARYLAND | |
| Date of death | 1903 | Month | Dec | Day | 4 | Age | 19 |
| Sex | male | | Color or Race | Black | | Birth-place | Maryland |
| Occupation | Labor | | Where Residing if not at place of death | | | | |
| Married , Single | | Name of Wife or Husband | | | | | |
| Father's Name | William Purnell | | | | | Father's Birthplace | Maryland |
| Mother's Maiden Name | Lizzie Murray | | | | | Mother's Birthplace | Maryland |
| Name of person giving Information | Albert Purnell | | | | | How related to deceased | Bro |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|------------------------|-----------------------|
| Primary | <i>Typhoid</i> | How long | <i>Four weeks.</i> |
| Immediate | <i>Exhaustion</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>J. P. Henry Jr</i> |
| | | Address | <i>J Berlin</i> |
| | | | <i>Ind</i> |
| Accident or Suicide? | | | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-----------------|-------------------------|-------------------------------------|-----------------------------|--------|
| Died at <i>New Bishopville</i> Town | | <i>Worcester</i> County | | MARYLAND | |
| Date of death 1903 | Month <i>12</i> | Day <i>14</i> | Age | Years | Months |
| Sex <i>Male</i> | | | Color or Race <i>White</i> | Birth-place <i>Maryland</i> | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>None</i> | | |
| Name of Wife or Husband <i>None</i> | | | | | |
| Father's Name <i>William Guillen</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Nance Brumley</i> | | | Mother's Birthplace <i>Maryland</i> | | |
| Name of person giving information <i>Dr R P Collins</i> | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pyemia</i> | How long <i>6 Days</i> |
| Immediate | How long <i>6 Days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>R P Collins</i> |
| | Address <i>Bishopville</i> |
| Accident or Suicide? | <i>no</i> |



Name
in
Full

Viola Bayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *New Bostonville* *Worcester* County

MARYLAND

Date of death 1903 *Dec* Month *14* Day *5* Years *11* Months *11* DaysSex *Female* Color or Race *White* Birth-place *Maryland*Married, Single or Widowed *Single* Occupation *none*Name of Wife or Husband *none*Father's Name *Isaac E Bayne* Father's Birthplace *Maryland*Mother's Maiden Name *Ellie Jackson* Mother's Birthplace *Maryland*Name of person giving information *Isaac E Bayne* How related to deceased *father*

CAUSES OF DEATH

Primary *diphtheria* How long *2 weeks*Immediate *"*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? *no**R P Collins*
Bridgeton
Md.



Name
in
Full

CERTIFICATE OF DEATH

Died at

Snow Hill

County

Worcester

MARYLAND

Date

of death 190

3

Month

Dec

Day

18

Years

Age

about 76 yrs

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

~~Married, Single~~
~~or Widowed~~

Occupation

farmer

Name of Wife or
Husband

Father's
Name

Solomon Shockley

Father's
Birthplace

Ind.

Mother's
Maiden Name

unknown

Mother's
Birthplace

Name of person giving
In formation

B. F. Pruitt

How related
to deceased

None

CAUSES OF DEATH

Primary

How long

Immediate

paralysis

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

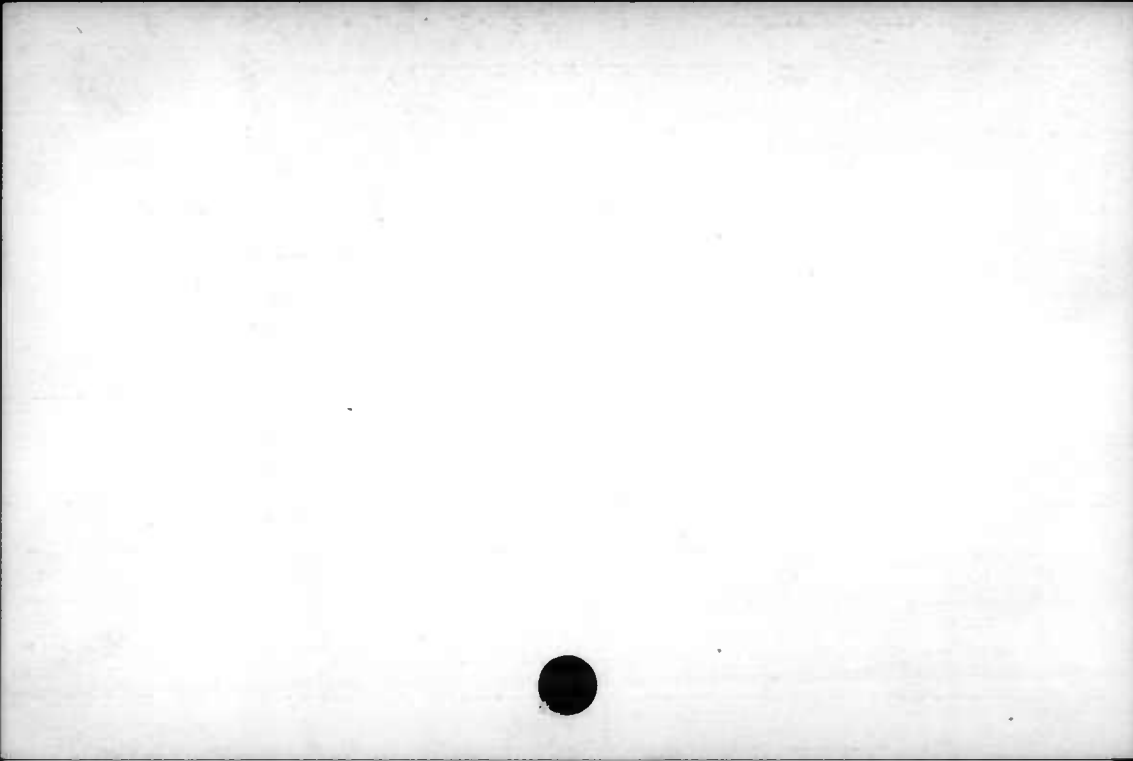
Address

W. F. Heame undertaker
Snow Hill
Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full~~George~~ *Smach*
Berlin ^{Town} *Worcester* ^{County}

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1903

Month

12

Day

9

Age

Years

3

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Worcester*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John Smach*Father's
Birthplace*Worcester*Mother's
Maiden Name*Georgeanna*Mother's
BirthplaceHow related
to deceased*9. Mother*Name of person giving
Information*Mrs. Smach*

CAUSES OF DEATH

Primary

Membranous Croup

How long

Several days

Immediate

Suppuration

How long

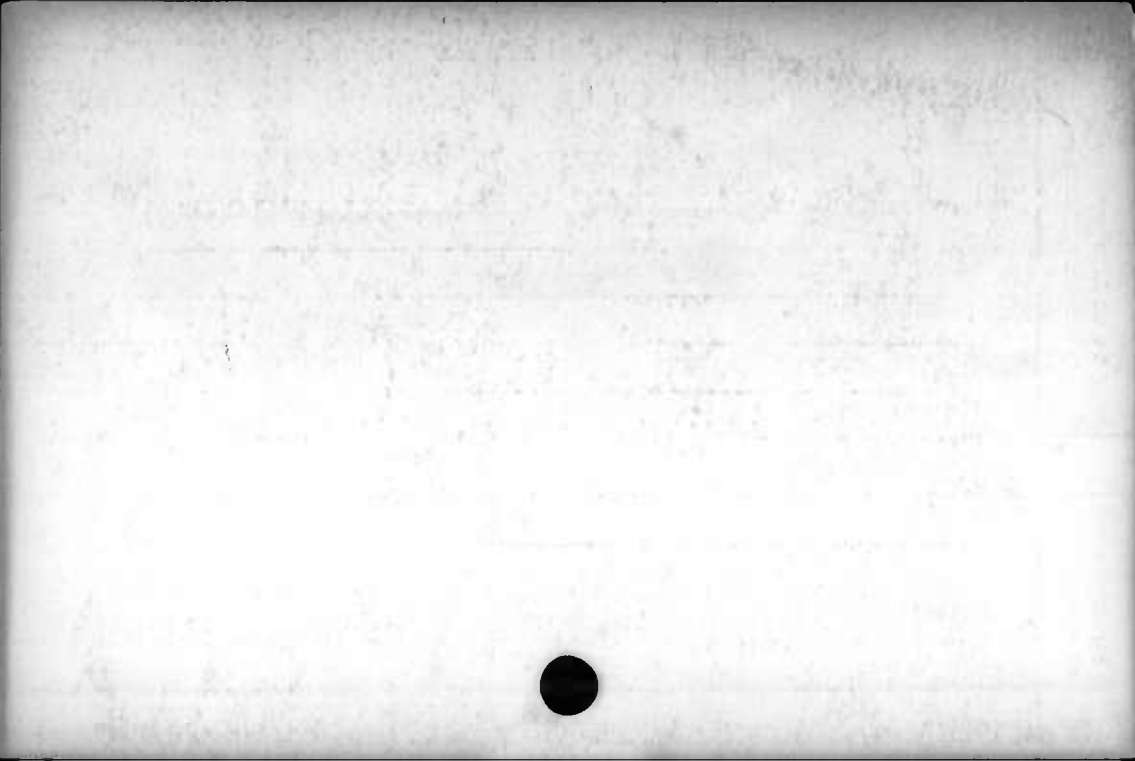
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*C. W. Dirickson*

Address

Berlin Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles Spence

CERTIFICATE OF DEATH

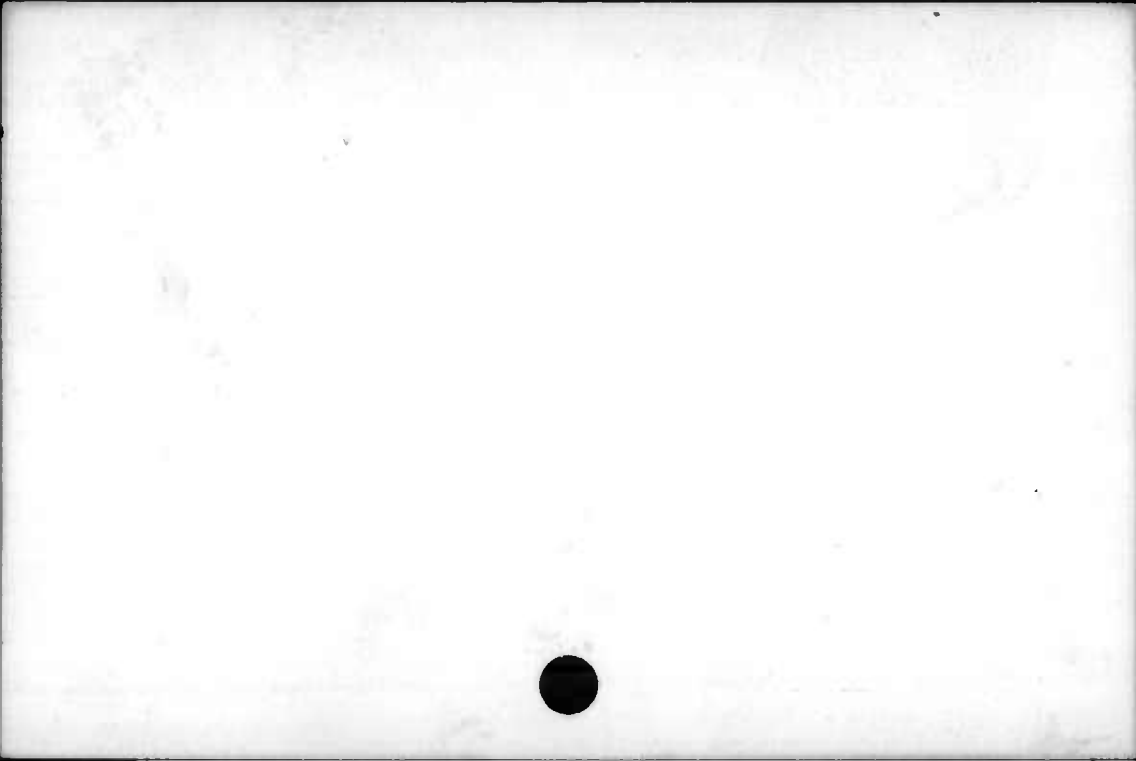
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|-------------------------|---|----------|----------|
| Died at <i>Queenstown</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death | Month | Day | Age | Months | Days |
| <i>1903</i> | <i>10</i> | <i>2</i> | <i>26</i> | <i>-</i> | <i>1</i> |
| Sex <i>male</i> | Color or Race <i>Black</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Laborer</i> | | | Where Residing if not at place of death | | |
| Married Single | | | Name of Wife or Husband | | |
| Father's Name <i>Joseph Spence</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving Information <i>Joseph Spence</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary | How long |
| Immediate <i>Accidental neck</i> | <i>Brook</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>W. S. E. in attendance</i> |
| <i>W. G. Evans</i> | Address |
| Accident or Suicide? <i>Berlin Md</i> | |



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | |
|-----------------------------------|---|-------------------------|-----------------------|---------------------------------------|----------|
| Died at <u>Stockton</u> | | County <u>Worcester</u> | | MARYLAND | |
| Date of death | Month | Day | Age | Years | Months |
| <u>1903</u> | <u>12</u> | <u>8</u> | <u>2</u> | <u>6</u> | <u>6</u> |
| Sex <u>female</u> | Color or Race <u>Dark</u> | | Birth-place <u>md</u> | | |
| Occupation | Where Residing if not at place of death | | <u>Stockton md</u> | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | <u>Adolphus True</u> | | | Father's Birthplace <u>md</u> | |
| Mother's Maiden Name | <u>Dorinda Spencer</u> | | | Mother's Birthplace <u>md</u> | |
| Name of person giving Information | <u>Adolphus True</u> | | | How related to deceased <u>father</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|----------------|
| Primary | <u>Heart failure</u> | How long | <u>6 Hours</u> |
| Immediate | <u>Heart failure</u> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <u>yes</u> | | Address | |
| Accident or Suicide? | | | |

Mary D. Tuell

Name In Full

Certificate of Death

James Wise

Town

County

MARYLAND

Died at

Stokely

Winchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Dec 3

Age 42

Md.

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 6

Husband of

Henrietta Ross

Wife

Father's

Name

Geo Stevens

Mother's

Maiden Name

May Wise

Cause of

Primary

Hemiparesis

How long sick

6 days

Death

Immediate

Asphyxia

~~Accident, Suicide, Homicide~~

Reported by

J. D. Dickerson

Md.

Address

Stokely

Winchester Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

